

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/16474109 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1					X					
2	1		1							
3	1		1							
4	3		3							
5	3		3							
6	3		3							
7	3		3		(1)					
8	3		3		X					
9	2		3		(1)					
10	3		3		(1)					
11	3		3		(1)					
12	3		3		(1)					
13	3		3		(1)					
14	3		3		(1)					
15	3		3		(1)					
16	3		3		(1)					
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TOTAL IND.	2		20		1					
TOTAL DEP.	49		16		12					
TOTAL CLAIMS	51		18							